

The Indiana Department of Labor facilitates wage claims as a voluntary mediation process between you and your former employer. The Wage Claim process is as follows:

- 1. Forms are reviewed for completeness and jurisdictional issues; if form is not completed or if the Indiana Department of Labor may not pursue; the form will be returned with an explanation of why the claim cannot be pursued.
- 2. If the Wage Claim is accepted; correspondence is sent to the employer giving two-weeks to either mail a check directly to you or the employer may dispute the amount claimed.
- 3. If a response is received disputing the amount claimed; the Indiana Department of Labor will make a determination based upon the evidence presented. If a determination cannot be made based upon the evidence presented you will be informed; and it will be suggested that if you wish to pursue the claim to do so through the appropriate court.
- 4. If no response is received; a final notice is sent to the employer giving one week for response.
- 5. If no response after final notice; a copy of the file is sent to you along with a "referral" letter for you to pursue in the appropriate court.

IMPORTANT INFORMATION (Please Read)

THE WAGE AND HOUR DIVISION WILL RETURN THIS FORM IF THE FOLLOWING INFORMATION IS NOT INDICATED:

- Employer's name and **mailing address**.
- Amount you are claiming.
- Length of employment.
- Type of claim.
- Dates and times of non-payment of wages.
- Signature.

THE WAGE AND HOUR DIVISION CAN NOT ACCEPT YOUR CLAIM IF:

- You are claiming minimum wage or overtime required by federal law (Contact the *U.S. DOL; Indianapolis 317-226-6801; South Bend 574-236-8331*).
- The amount claimed represents payment for time not actually worked such as travel time to and from work; travel expenses; etc.
- The amount claimed represents payment for holiday pay; sick pay; or personal time.
- Your former employer has filed for bankruptcy protection.
- The employer is not located in the State of Indiana.
- You worked as an independent contractor.
- The gross amount of your claim is less than \$30.00.
- The gross amount of your claim is more than \$6,000.00, unless you are claiming unpaid minimum wage or overtime under Indiana law.
- You have already initiated private legal action to recover the wages claimed.
- If criminal charges are pending regarding your employment.
- You were employed by the State of Indiana (*You must follow the State Personnel Act*).
- You were a member of a collective bargaining unit; (If you were a union member, talk with your business agent or the National Labor Relations Board).
- The claim is against a business in which you were a partner or owner.



Signed

Wage Claim #	

Indiana Department of Labor Wage and Hour Division 402 West Washington Street, W195 Indianapolis, IN 46204

(Please type or print your response and be sure to answer all questions)								
Employee			Employer					
Name		٨	Name					
Address		,	Address					
City		C	City					
State, Zip		s	State, Zip					
Telephone			Telephone					
Amount of Claim \$	Le	ength of Employment:	From		То			
Address Where Work Was Performed:								
Reason for Leaving Employment:								
Reason Given For Non-Payment			_					
Wage Agreement: Hourly	\$ Sala	ry \$	Commission	\$	Piece R	ate \$		
Type of Claim: Check box(s)	Minimum Wage Complaint	Non-Payment of Overtime	Non-Payment of	· Vacation	Payroll Deduction	Non-Payment of Paycheck(s		
INSTRUCTIONS: (1) Show, mathematically, how you calculated the amount of your claim (2) Be sure to list the dates of non-payment, including hours worked each day with beginning and ending times (3) Attach your supporting documentation behind this form								
· ····································								
<u>Incomplete Forms</u> Any incomplete Application For Wage Claim will be returned to its sender in its entirety without any action t Department.				our	Date Recei	ved (Office Use Only)		
Disclaimer The Department of Labor has the right to reject this claim at any time if, in the judgement of the Commissioner of Labor, said claim is not valid and enforceable in the courts.								
Declaration I hereby certify under the penalty of perjury that the above statements are true and that I will testify to same before a court of law, if necessary to collect the amount due to me. Pursuant to IC 22-2-9-5, I hereby assign to the Commissioner of Labor all my rights, title and interest in and to the above certified claim for processing in accordance with the provisions of IC 22-2-9-1, et seq.								

Dated